

Michigan Department of Community Health
EMS and Trauma Systems Section
201 Townsend Street
Lansing, Michigan 48913

Education Program Sponsor
Practical Examination Assurance Statement

Authority: Public Act 368 of 1978, as amended.

Effective September 1, 2007 approved Education Program Sponsors are designated as a department representative to verify practical competencies for Medical First Responder and Emergency Medical Technician licensure, Sec. 20950.(2)(c)(i)(ii). Upon successful completion of an MFR or EMT course, the Education Program Sponsor must verify that the graduate has demonstrated an acceptable level of competency in each of the skill areas identified below. Measurement of competency will include utilization of the National Registry skill sheets and must be maintained on file for five years with the course records.

MFR

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Upper Airway Adjuncts and Suction
- Bag-Valve-Mask Ventilation
- Supplemental Oxygen Administration
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- Traction Splinting
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)

EMT

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Upper Airway Adjuncts and Suction
- Bag-Valve-Mask Ventilation
- Supplemental Oxygen Administration
- EDTLA (Combitube®)
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- Traction Splinting
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)

Education Program Sponsor			
Address			
City	State	Zip	County
Approval #		Approved through	

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this assurance statement on the Program Sponsor's behalf. I affirm by my signature that this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDCH. Printed Name of Program Sponsor Representative	
Original Signature of Program Sponsor Representative	Date

I affirm as the Program Course Coordinator this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDCH. Printed Name if Program Course Coordinator	
Original Signature of Program Course Coordinator	Date

I affirm as the Program Physician Director I will assure all Emergency Medical Technician graduates successfully completing this program will meet or exceed the practical skills competency requirements as set forth by MDCH. (EMT only) Printed Name of Physician Director	
Original Signature (Please indicate M.D. or D.O.)	Date